Initial Approval: July 10, 2013

CRITERIA FOR PRIOR AUTHORIZATION

Rifaximin

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Rifaximin (Xifaxan®)

CRITERIA FOR HEPATIC ENCEPHALOPATHY: (must meet all of the following)

- Patient must have a diagnosis of hepatic failure
- Patient has had a previous episode of hepatic encephalopathy
- Patient must be ≥18 years of age

LENGTH OF APPROVAL 12 months

CRITERIA FOR TRAVELERS' DIARRHEA: (must meet all of the following)

- Patient must be ≥12 years of age
- Patient must have a positive culture and susceptibility for noninvasive strain(s) of *Escherichia coli*
- Patient does not have diarrhea complicated by fever or blood in the stool
- Patient does not have diarrhea due to pathogens other than *E. coli*

LENGTH OF APPROVAL 30 days